

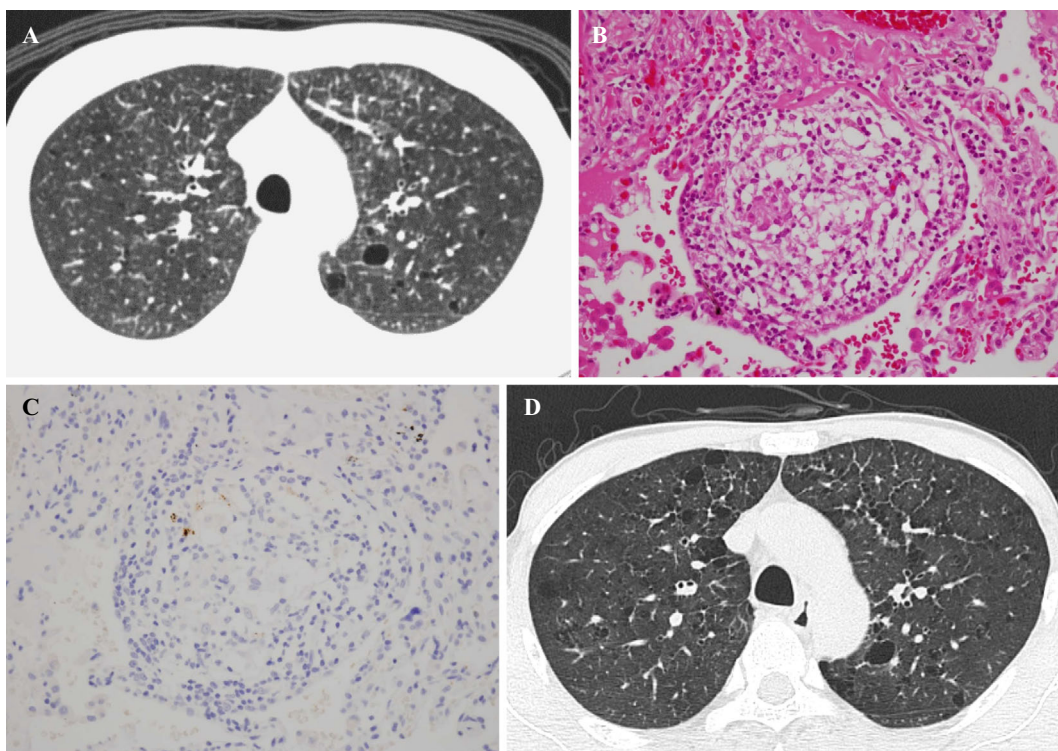
Pulmonary Sarcoidosis Presenting with Thin-walled Small Cysts

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Picture.

A 32-year-old man was admitted due to a persistent dry cough and an abnormal chest shadow. Chest computed tomography (CT) revealed multiple thin-walled small cysts, in addition to a ground-glass appearance and small, irregular-edged nodules along the bronchovascular bundles and subpleural parenchyma (Picture A). The patient's serum levels of lysozyme (13.3 U/mL) and soluble interleukin-2 receptor (609 U/mL) were elevated, while his angiotensin-converting enzyme levels were normal. The patient was diagnosed with pulmonary sarcoidosis based on the evidence of non-

caseating epithelioid cell granulomas in the biopsied lung tissue (Picture B) and the detection of *Propionibacterium acnes*-specific monoclonal antibody by immunohistochemistry (1) (Picture C). Twelve years after the initial diagnosis, the number of thin-walled cysts of the lung increased on high-resolution CT (Picture D), and despite having never smoked, there was a slight decline in his respiratory function. Cysts, bullae, and emphysema have been reported as atypical features in patients with pulmonary sarcoidosis, but their pathogenesis remains unknown. This is a rare case of

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pulmonary sarcoidosis presenting with thin-walled small cysts, rather than large cysts, as has been reported in previous studies (2).

The authors state that they have no Conflict of Interest (COI).

References

1. Negi M, Takemura T, Guzman J, et al. Localization of *Propioni-*

bacterium acnes in granulomas supports a possible etiologic link between sarcoidosis and the bacterium. *Mod Pathol* **25**: 1284-1297, 2012.

2. Hennebique AS, Nunes H, Brillet PY, et al. CT findings in severe thoracic sarcoidosis. *Eur Radiol* **15**: 23-30, 2005.

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